

TO:

DOCKET NO. CR-6815 [E-20183]
 KCC KDHE

Is not entered on the computer

SEC 36, T 20 S, R 13 [West]
 [East]

**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Lease Name Shartz "A" Well# 1
 (if battery of wells, attach list with locations)

Operator License Number 4519

Feet from ~~W~~/S section line 330

Operator: Gulf Oil Corporation
 Name & P.O. Box 12116
 Address Oklahoma City, OK 73157

Feet from ~~W~~X section line 990

Field Rolling Green

County Barton

Contact Person Mr. J. E. (Jim) Marshall
 Phone (405)949-7000 or 949-7032

Disposal [] or Enhanced Recovery []

Person (s) responsible for monitoring well _____
 Was this well/project reported last year? [] yes [] no
 List previous operator if new operator _____

I. INJECTION FLUID:

Type: [] fresh water [] produced water [] brine treated other: NA [] brine untreated [] water/brine mixture
 Quality: Total dissolved solids _____ ppm/mgm/liter
 Additives _____
 (attach water analysis, if available)

TYPE COMPLETION:

[] tubing & packer packer setting depth 3244 feet.
 [] packerless (tubing-no packer) Maximum authorized pressure 1500 psi.
 [] tubingless (no tubing) Maximum authorized rate 1000 bbl/day.

Month	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Injection Pressure	Average Injection Pressure	Aver. Pressure Tubing to Casing Annulus	Pressure psig Casing to Surf. Pipe
Jan.	2243	31	700	700	0	0
Feb.	2006	29	650	650	0	0
Mar.	2075	31	750	750	0	0
Apr.	2075	30	750	750	0	0
May	2168	31	750	750	0	0
June	2056	30	750	750	0	0
July	2168	31	650	650	0	0
Aug.	2004	31	650	650	0	0
Sept.	1940	30	650	650	0	0
Oct.	2004	31	600	600	0	0
Nov.	1749	30	600	600	0	0
Dec.	1807	31	650	650	0	0

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section IV page 2.
 For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.
 Prepare one form for each injection well (SWD and ER) but only one report of Section II and III for each docket (project).

Project Shartz A DOCKET # CR6815 [E-20183] for 1984

- II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)
- Controlled waterflood [W]
 - Pressure maintenance [P]
 - Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

- Steam Flood [S] Fire Flood [F] Surfactant Chemical Flood [C]
- CO2 Injection [O] Air Injection [A] N2 Injection [N]
- Natural Gas Injection [G] Polymer/Micellar Flood [P] Other

Oil Producing Zone:

Name: Lansing-Kansas City Depth 3350 feet. Average Thickness 180 feet.

Oil Gravity API

Production wells from this docket:

- a. Total number producing during reporting year 2.
- b. Number drilled in reporting year 0.
- c. Number abandoned in reporting year 0.
- d. Total number of injection wells assisting production this project 1.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>24,295</u>	<u>100,000</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u>0</u>
C. Oil production from project area (BBLs) (Total)	<u>2,200</u>	<u>9,000</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>1,100</u>	<u>4,500</u>
E. Oil recovered by <u>Tertiary Recovery</u> such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, <u>but excluding</u> oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u> </u>	<u> </u>

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 12-16-85

Signature J. E. Marshall
Name J. E. Marshall
Title Engineer

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.